

FEE TRANSMISSION

For FY 2005

Patent fees are subject to annual revision.
Effective December 8, 2004

Complete if Known

Application Number	10/633970
Confirmation Number	5176
Filing Date	August 4, 2003
First Named Inventor	Cimilnea et al.
Examiner Name	Everett White
Art Unit	1623

TOTAL AMOUNT OF PAYMENT (\$500)	Attorney Docket No.	9153R
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METHOD OF PAYMENT			FEE CALCULATION (continued)																																									
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>			<p>5. ADDITIONAL FEES</p> <table> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$360) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,080) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,920) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$300) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (e) Missing Parts (provisional)</td> <td>(\$30) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) [500]</td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$360) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,080) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,920) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$300) <input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$120) <input type="checkbox"/>	37 CFR 1.17 (e) Missing Parts (provisional)	(\$30) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) [500]	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: _____	<input type="checkbox"/>										
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<p>2. BASIC FILING FEE - Large Entity</p> <table> <thead> <tr> <th>FILING</th> <th>SEARCH</th> <th>EXAMINATION</th> </tr> <tr> <th>FEES</th> <th>FEES</th> <th>FEES</th> </tr> </thead> <tbody> <tr> <td>Application</td> <td></td> <td></td> </tr> <tr> <td>Type</td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$3600)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>			FILING	SEARCH	EXAMINATION	FEES	FEES	FEES	Application			Type			Utility	(\$300)	(\$500)	(\$200)				(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)				(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$3600)				(Total = \$1400) <input type="checkbox"/>	Provisional filing fee			(Total = \$200) <input type="checkbox"/>		
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<p>3. APPLICATION SIZE FEE:</p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p>			<p>SUBTOTAL (2)+(3) (\$311)</p>																																									
<p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p>			Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>			<p>SUBTOTAL (4) (\$0)</p>																													
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SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Cynthia L. Clay	Registration No. (Attorney/Agent)	54,930	Telephone (313) 622-0291
Signature	Cynthia L. Clay		Date 2/25/05	

02/19/2005 12:52:12 PM (Eastern Standard Time) + SVR:USPTO-EFXRF-111 + DSN:8729306 + CSD:5136223300 + DURATION (mm:ss):01:34

+ The submission of information is governed by 35 U.S.C. 1.17. The information is required to obtain or retain a benefit by the public which is available (and by the USPTO as practicable) on application. Confidentiality is granted by 35 U.S.C. 1.22 and 37 CFR 1.10. The examiner is authorized to make copies of this application, including publishing, preparing, and submitting the completed application to the USPTO. There will be very depending upon individual claim. Any questions regarding the amount of time you are required to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COPIED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patentee (Requester for FAX) (01/24/2005)